

# **EXHIBIT 22**

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

AMERICAN CIVIL LIBERTIES UNION, )  
et al., )

Plaintiffs, )

v. )

ALBERTO R. GONZALES, in his official )  
capacity as Attorney General of the United )  
States, )

Defendant. )

Civil Action No.  
98-CV-5591

**SEXUAL HEALTH NETWORK, INC.'S RESPONSES AND OBJECTIONS TO  
DEFENDANT'S FIRST SET OF INTERROGATORIES**

Pursuant to Rules 26 and 33 of the Federal Rules of Civil Procedure, Sexual Health Network, Inc. ("Plaintiff") responds and objects to Defendant Alberto R. Gonzales's First Set of Interrogatories ("Interrogatories") as follows:

**GENERAL OBJECTIONS**

1. Plaintiff objects to the Interrogatories to the extent the instructions and demands therein purport to impose obligations in addition to, beyond, or different from those set forth in the Federal Rules of Civil Procedure and the Rules of Civil Procedure of the United States District Court for the Eastern District of Pennsylvania.
2. Plaintiff objects to the Interrogatories to the extent they call for the identification or disclosure of information that is neither relevant to the claims and defenses of any party in this action nor reasonably calculated to lead to the discovery of admissible evidence. Plaintiff submits these responses and objections without conceding the relevance or materiality of the subject matter of any interrogatory.

INTERROGATORY NO. 13

For each website plaintiff, identify a representative sample of webpages on your website which contains material about which you fear prosecution under COPA, as referenced in Paragraph 2 in the section titled "The Impact of COPA on Plaintiffs" on page 24 of the Amended Complaint that "[P]laintiffs fear prosecution under COPA for communicating, sending, displaying, or distributing material that might be deemed 'harmful to minors' by some community in the United States."

RESPONSE TO INTERROGATORY NO. 13

Plaintiff objects that this Interrogatory is unreasonably cumulative and duplicative of Document Request No. 1 while calling for identification of information that is in the public domain and equally accessible to Defendant. Plaintiff also objects that the phrases used to define "representative sample," including "distribution of characteristics," "degree of explicitness of sexual content," and "population or universe" are themselves vague and ambiguous. Plaintiff further objects that this Interrogatory calls for legal conclusions and is premature. Subject to the foregoing and to the General Objections, Plaintiff refers Defendant to the Web content identified in the Amended Complaint and responds as follows: the Sexual Health website contains numerous examples of material that might be deemed "harmful to minors" by some community in the United States. Examples include:

- 1) The free sexual health video library available on the website, located at [http://www.sexualhealthnetwork.healthology.com/focus\\_list.asp?b=sexualhealthnetwork&f=sexual\\_health&spg=VVL](http://www.sexualhealthnetwork.healthology.com/focus_list.asp?b=sexualhealthnetwork&f=sexual_health&spg=VVL);



- 2) Detailed information on men's sexual health, women's sexual health, love and relationships, sexuality education, disability and chronic conditions and sexually transmitted

infections, as well as links to other sexual health resources. Examples include material located at <http://www.sexualhealth.com/channel.php?Action=view&channel=1>, <http://www.sexualhealth.com/channel.php?Action=view&channel=2>, and <http://www.sexualhealth.com/channel.php?Action=view&channel=4>;

3) Specific advice on how to achieve sexual pleasure, including advice for people with disabilities. For example, the website contains an article entitled "Sexual Pleasure: But What About Me?," located at [http://www.sexualhealth.com/article.php?Action=read&article\\_id=256&channel=1&topic=2](http://www.sexualhealth.com/article.php?Action=read&article_id=256&channel=1&topic=2), and an article entitled, "The Joys That Vibrators Can Bring To Your Sex Life," located at [http://www.sexualhealth.com/article.php?Action=read&article\\_id=292&channel=14&topic=87](http://www.sexualhealth.com/article.php?Action=read&article_id=292&channel=14&topic=87);


4) Articles and advice relating to sexuality generally. For example, the Web site includes: advice for a parent who encountered a 15 year-old child engaged in sexual contact with the family dog, located at [http://sexualhealth.com/question.php?Action=read&question\\_id=124](http://sexualhealth.com/question.php?Action=read&question_id=124); advice on how to locate masturbation videos for a developmentally disabled adult, located at [http://www.sexualhealth.com/question.php?Action=read&question\\_id=1287&channel=3&topic=74](http://www.sexualhealth.com/question.php?Action=read&question_id=1287&channel=3&topic=74); and an article providing information to help women reach orgasm, located at [http://www.sexualhealth.com/article.php?Action=read&article\\_id=16&channel=2&topic=26](http://www.sexualhealth.com/article.php?Action=read&article_id=16&channel=2&topic=26);

5) The Expert Q & A's section of the website, located at <http://www.sexualhealth.com/experts.php> or accessible through the site's search function.



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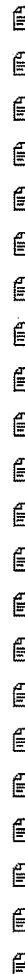
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##### Men's Sexual Health Introduction:

The World Health Organization (WHO) defines sexual health as "the state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction and infirmity. Sexual health requires a positive, respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." This channel will address a wide range of these factors focusing on men's sexual health, from physical issues (prostate health, chronic illnesses), to reproductive and sexual functioning issues (infertility, erectile dysfunction), to the effects of outside influences on male sexual health (medications, aging) as well as pleasure. This channel also examines issues relating to communication within sexual relationships, and much more.

##### Men's Sexual Health Topics:

- Desire
- Pleasure
- Orgasm
- Masturbation
- Erectile Dysfunction Issues
- Prostate Health
- Rapid or Delayed Ejaculation
- Ejaculate Issues
- Penis and Testicular Health
- Infertility
- Medications and Supplements
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##### Women's Sexual Health Introduction:

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##### Women's Sexual Health Topics:

- Desire
- Pleasure
- Orgasm
- Medications and Supplements
- Gynecological Concerns
- Pain During Intercourse
- Menopause
- Menstruation and Breast Health
- Infertility
- Pregnancy and Child Birth
- Masturbation
- Body Image
- Contraception

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- Yeast Infections: When Should You Treat Yourself?
- For Treating Yeast Infections, Women Have a Choice

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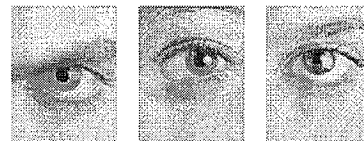
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Erectile dysfunction is often caused by other health issues.



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If you take any medicines that have nitrates in them (like nitroglycerin for chest pain)—every day or

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Men's Sexual Health: **Pleasure**

Sexual Pleasure: But What About Me?  
(05/04/2004)  
by Mitch Tepper

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As a sexuality and disability researcher, I have long read about the ability to attain and maintain an erection, to ejaculate, to impregnate, to menstruate, to conceive, to carry a child to term, to deliver, to breast feed and to maintain a marriage. What strikes me is the total absence of material about the ability of those of us with spinal cord injuries to experience sexual pleasure.

Even the most recent articles I've read that discuss the ability of women with spinal cord injury to experience orgasm focus on the purely physical aspects, not overall sexual pleasure. For the most part, the literature and research take a medical point of view and focus on reproduction, not the importance of sexual pleasure in our lives.

For example, I was involved in research at Rutgers University in which women with spinal cord injuries shared their initial experience of sexuality following injury. The women equated the loss of feeling in their genitals after injury with loss of sexuality and loss of potential for sexual pleasure. But no medical professionals asked the women about this sense of lost sexuality or discussed it with them. As a result, we lost the opportunity to gain insight from the study participants and to help them regain a sense of themselves as sexual people during their formal rehabilitation process. That was a waste.

#### It's Better to Give ...

Through experience and exploration, most of us with SCI learn that we can still please a partner. We sometimes also learn that our own ability to receive sexual pleasure is diminished, leading us to accept--by default--the old adage that "It's better to give than to receive." This may be at least partially true for some of us--but the possibility and benefits of receiving sexual pleasure still need to be pursued. Reciprocal sexual pleasure is seldom impossible.

About half of spinal cord injury survivors can experience orgasm and this ability is not strongly related to the level or completeness of injury. Some of us, for that matter, find sex even better than before injury. Which of us will be so fortunate? There is growing evidence that sexual knowledge, sexual self-esteem, and time since injury are related to the ability to experience sexual pleasure and orgasm. It seems that knowledge is power, power fuels self-esteem, and self-esteem opens the door to sexual pleasure.

With this model in mind, where do we start? It's important to learn as much about sexual function and response as possible. Psychologically, how we think and feel affects our level of desire. Physiologically, sexual arousal is associated with faster breathing and heart rate, and increased blood flow, muscle tension and sensation in erogenous zones like the lips, ears, neck and breasts. These are the outward indicators of sexual pleasure.

We can learn to focus on pleasurable feelings, let our breath flow freely and stimulate our bodies in any way that feels good. Groan, moan, suck, bite, pull or do whatever else you feel like doing. Orgasmic sex requires tuning into our sensations--in the moment--and forgetting about quad bellies, atrophy, catheters and making embarrassing sounds. It means not worrying about performing up to some imagined standard. And it means forgetting what we learned in the past about what is and isn't pleasurable.

What's right is what works now. At one time, gentle licking of the ear may be an irritation. At another, it may send us into ecstasy. When we are in tune with our bodies and open to pleasure we may find it in the strangest places.

#### .... and Receive

Sure, you might be saying, but what about the lost sensation in my penis or clitoris, vulva or vagina? Many of us still enjoy genital stimulation with little or no sensation, and many others choose to leave it out of sex play. In our research at Rutgers, three women with complete spinal cord injuries and no feeling in their genitals nevertheless experienced orgasm with genital stimulation. Others, in a study at Kessler Institute for Rehabilitation, could achieve orgasm with a vibrator. For yet others, stimulation of only non-genital areas works well.

Sexual pleasure and orgasm need not depend on genital function. If we take our time, play and explore, we may discover that sometimes it is better to receive.

This article appears in the following topics:

- Men's Sexual Health: **Pleasure**
- Women's Sexual Health: **Pleasure**
- Disability and Illness: **Rediscovering Sex After Disability/Illness/Trauma**



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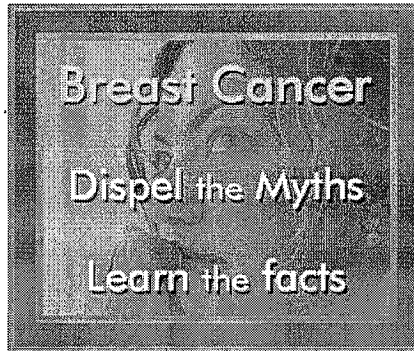
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Love and Relationships: **Masturbation**

The Joys that Vibrators Can Bring to Your Sex Life  
(05/04/2004)

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Is there such a thing as having too much fun?

Would looking for ways to have better sex after years of good sex with your partner be sinfully greedy? From the averted gazes, blushes, and giggles that so many people produce when sex toys are mentioned, you would think increasing sexual joy past some legal limit truly breaks a law. Not so. By nature, human beings are game players and tool users. We enjoy inventing recreational activities that enhance our abilities to do required tasks: accurate javelin throwing and bringing down dinner-on-the-hoof have something important in common. So, too, game-like sexual fantasies, whether all in the mind or role-played with costumes and props, "tools" if you will, are natural extensions of a healthy desire to heighten pleasure and enrich sexual relationships.

Vibrators have a place among the tools that people use to improve their sexual skills, increase their own and their partners' pleasure, and add joy to their sex lives.

Near the end of the 1960's, vibrators came to market as a way to provide women, especially non-orgasmic women, a new kind of intense sexual stimulation whether or not they had a sex partner. Whether hand-held or designed to fasten over the hand, a vibrator is simply an appliance that produces a steady, rapid rhythm - at about 2,000 vibes or oscillations a minute, far steadier and faster than the human hand. Most female orgasms depend on clitoral stimulation, and vibrators provide the most intense clitoral stimulation possible. Sex therapists continue to recommend them for the not-yet-orgasmic.

In lovemaking with a partner or as an aid to masturbation, vibrators work best as a complement to other sexual stimuli. Using a vibrator doesn't reduce the sensual pleasure of direct body contact, of skin on skin, of mouths and tongues, of hands or genitals.

However, repeating the same sexual behavior can put you and your partner in a rut. If you rely for a long time on a vibrator to reach orgasm, you can become fixated on the vibrator's predictable stimulation, making it difficult - if not impossible - to find satisfaction any other way. Even worse, should your pattern of vibrator use cease to work for you, you could face a difficult process or relearning how to be orgasmic.

The best advice: vary your sexual routine, for variety is the spice of satisfaction. Couples often integrate vibrators into their lovemaking to enhance sex play, with the emphasis on play. "The point is not to have a relationship with the vibrator but to use the vibrator to help create a sexual experience," notes Julia Heiman, PhD, co-author of *Becoming Orgasmic*, in the March 1996 issue of *Sex Over Forty*.

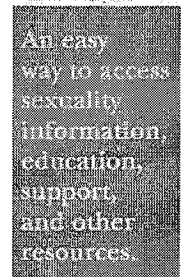
#### Experience It For Yourself

So what's it really like? Imagine yourself in the following erotic situations, and if that deep-down flutter response is triggered, give yourself permission to pick up a vibrator and go for more joy. Bob and Laurie like to set a sensual mood every night at bedtime with scented candles, massage oil, soft jazz, perhaps showering or bathing together. They don't expect to have intercourse every night, but they do count on their private time to give them a chance to feel physically close and sexually intimate. One of their favorite sex toys is The Deluxe Foreplay to Love System, a vibrator with various attachments, some of them textured for all-over body massage, some of them for stroking her labia and clitoris or for stimulating his penis.

Just knowing their evening ritual might include a muscle-relaxing massage, along with intercourse or a vibrator-induced orgasm for one or both of them, keeps the aggravations of the day in perspective and reinforces the emotional closeness of their marriage.

"Vibrators are so perfect for orgasms that it's easy to forget how wonderful they are for massage," writes Betty Dodson, PhD in *Sex for One: The Joy of Selfloving*. "Whenever you vibrate, you are stimulating the flow of blood to that area, a marvelous health and beauty treatment for the entire body."

"Many of the products sold as toys are actually therapeutic for many men suffering from



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decreased penile sensation and/or erection difficulties," said Barbara Keesling, PhD, sex therapist and author of *Sexual Healing*. For this reason, Margie and Sid ordered their first "plain vanilla" bullet-shaped vibrator from a catalog. Sid had found himself distracted by how much longer it was taking him to become aroused. Worry that he had lost the seemingly automatic hard-ons of his youth was making him avoid sex - a sure way to make it even more difficult to get an erection.

It only took Margie a few tries to discover what Sid finds most arousing. In between stroking, kissing, and gently sucking his genitals, she eases the vibrator up and down the underside and around the coronal ridge (the ridge below the tip) of his hardening penis. Margie always combines the vibrator's rapid stimulation with caresses from her mouth and hands, and sometimes when she and Sid proceed to intercourse she presses the vibrator against the exquisitely sensitive spot between Sid's scrotum and anus (the perineum). Other times, when Margie sits on top of Sid with his penis inside her, he brings her to orgasm by stimulating her clitoris with the vibrator. After she comes, she boosts his orgasm by touching his penis with the vibrator as she moves over him. Even more surprising to them both, the vibrator sometimes helps Sid enjoy a second orgasm with a soft-on!

#### **Aiming For The G-Spot**

One of the many specialty G-spot vibrators now available is designed to stimulate what has been described as the G-spot located on the upper wall of many women's vaginas - a controversial subject. (See the June 1998 issue of *Sex Over Forty*.) The surface of the G-spot tends to feel rough to the touch and, like erectile tissue in the penis, it may become firm and swell when stimulated. Until Daron introduced a G-Spot vibrator into their lovemaking, Sheila didn't know exactly where her G-Spot was or if she even had one. The discovery brought her to a new level of sexual excitement and to entirely different-feeling orgasmic experiences than she was used to from clitoral stimulation. With the help of the vibrator, Daron learned how to find Sheila's G-Spot on his own, and now he takes great pleasure in sharing this new erotic joy with his lover. These days, if Sheila feels more like having sex than he does, Daron doesn't worry about performing. Cradling, nuzzling, kissing, and caressing Sheila as she relaxes back into his arms, Daron watches as she uses first her fingers and then the vibrator to arouse herself. As her vagina moistens, Sheila spreads her labia and slowly inserts the vibrator inside until she finds her G-Spot. Once in a while, the explosive orgasm that Sheila experiences in this position, with Daron's loving hands on her breasts, is just stimulus enough to arouse Daron, and he then masturbates to climax or they go on to enjoy unexpected intercourse.

#### **Try It For Yourself**

The ways that vibrators can raise the joy factor in your lovemaking are limited only by your imagination. You can play the watching game and, like Sheila and Daron, find erotic pleasure in seeing your partner climax; you can play fantasy games, with the vibrator a "stand-in" for an imaginary extra player; you can experiment with perineal or anal stimulation. For virtually any sort of stimulation you can imagine, there is a vibrator on the market. If you and your partner explore the possibilities in a loving, trusting, mutually understanding way, there's no downside - just more joy in your sex play.

Marty Klein, PhD, a psychotherapist, Certified Sex Educator, and author of *Ask Me Anything: A Sex Therapist Answers the Most Important Questions for the Nineties*, urges us not to distrust sex toys just because they are designed exclusively for pleasure. Klein reminds committed couples seeking increased joy and intimacy in their sex lives that "it's good to consider being creative. . . . Relax," he said, "keep your sense of humor, use your experience, and enjoy the results. . . . Don't try to do it perfectly, just do it!"

**Product links:** You can find more vibrators and vibrator information at [www.Libida.com](http://www.Libida.com).

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**Question:**

I caught my son and our German shepherd doing things in his room. He is 15 years old and after talking to him about it he says he enjoys the dog licking his penis. This has been going on for some time and I forbid him from doing it again, worried that he might catch some disease from the dog. My question is can he get something from having sexual encounters with our pet? If so what and how? I spoke to our family doctor and he advised me there should not be a problem. Also is there any books related to this I might try reading?

**Take a break!**

Which does not belong in the group?

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**Tickle Your Brain**

**Answer:**

by Carolyn Gerdes: (05/06/2004)

Sexual interaction with an animal such as a dog, horse, or sheep is known as zoophilia or bestiality. It is not uncommon for adolescents before they start having sexual relationships with their peers to experiment with different forms of sexual expression. Alfred Kinsey found in his studies of human sexual behaviors back in the 1940s and 1950s that about 4% of females and 8% of the males of nearly 12,000 Americans that he interviewed reported having sexual experience with animals.

In rural areas farm animals such as sheep and calves were the most common form of human-animal sexual interaction reported. In urban areas the most common form of human-animal sexual interaction reported was with household pets. Kinsey found that most of the sexual relations with animals occurred early in the teen years before these individuals started to date. Most states have laws against zoophilia that view it as a crime and zoophilia is even punishable in some states by stiff jail terms.

From a health stand point most viruses are species specific. This means that a viral infection can only be passed to members of the same species. However, there are some notable exceptions such as rabies. Other concerns include the possibility of accidental bites, bruises, or scratches if the animal becomes frightened or is startled. Try to involve your son in activities where he meets other teens his age. This should help to draw his attention away from your family pet. For further information you may wish to contact The Sexuality Information and Education Council of the United States (SIECUS) in New York City.

**Reviewed by:** Mitchell Tepper Ph.D.,

**This question appears in the following topics:**

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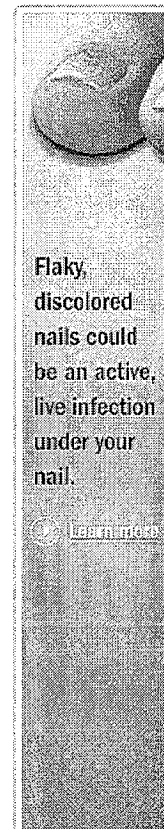
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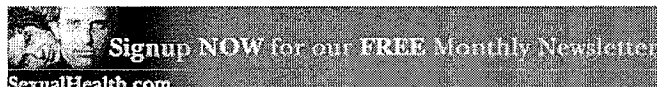
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Disability and Illness: **Developmental Disabilities**

**Question:**

I am trying to find out a way to get ahold of an instructional video on masturbation for a Male, mentally challenged person who is 35. He bounces on the floor to get the sensation, but cannot finish the "job". He is very frustrated and we are looking for a way to show him how to do it without showing him how with another person. Please help him



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**Answer:**

by Susan Ludwig: (06/13/2004)

Thank you for your question!! I am glad to hear that someone has this concern for a client who is exhibiting this behaviour. I would like to ask some questions about your client. First, is the behaviour you describe something new or is it a long standing problem? Have you checked with the client's doctor and/or pharmacist to find out if there is a medical and/or pharmaceutical reason for him not being able to "finish." It is always wise to start at this point if you are noticing that someone has difficulty with sexual pleasure -- particularly if the difficulty is an apparent change from what is typical. Second, is his "bouncing" something he is doing in an appropriate place? If you are going to support him with this behaviour, it is very important that he have a sense of "privacy" and which places in his home are appropriate for sexual pleasure! Last, there is a video that has been made specifically for men with developmental disability to teach them about masturbation. It is called "Hand Made Love" and is available by contacting Diverse City Press at [www.diverse-city.com](http://www.diverse-city.com) I hope you are able to support your client in a way that lets him get what he needs in a way that supports the dignity of appropriate sexual expression!!

Reviewed by Sexual Health Editorial Team

This question appears in the following topics:

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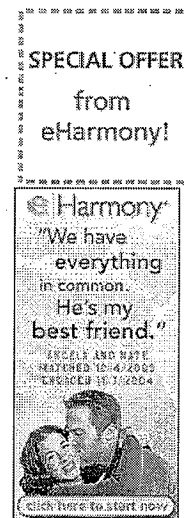
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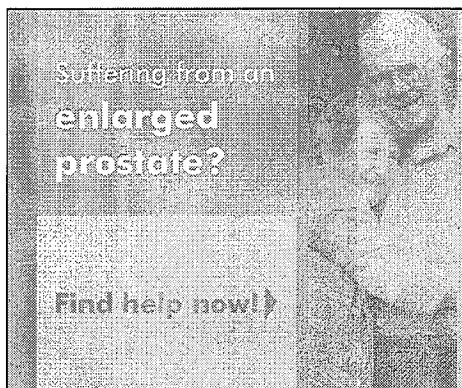
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Women's Sexual Health: Orgasm

20 Helpful Hints for Women To Reach Orgasm

by Cynthia Lief Ruberg, MS Ed, LPCC, FAACS



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#### A Sex Therapy Information Guide

#### 20 Helpful Hints for Women To Reach Orgasm

A common concern I hear from my female clients involves difficulty in reaching orgasm. Here are some hints that I have found to be helpful:

#### PSYCHOLOGICAL HINTS:

1) **Anticipate the Sexual Encounter**--Many women find that if they spend some time fantasizing about an upcoming sexual encounter, they can use their minds (imagination) to "turn themselves on" physically, as well as emotionally. It also helps for women to learn to identify what turns them on in their environment (i.e., romantic or erotic stories, love songs, videos, etc.) and use this material in anticipation of a sexual encounter. This process of "starting on warm" can help to make reaching "the end" easier.

2) **Get Relaxed**--Most women require a transition or "down time" in order to be opened-up to receiving sexual pleasure. This is because emotional tension negatively interferes with sexual response. So, listen to music, take a hot bath, read a book, do "whatever works" to get relaxed. Being in a relaxed mode is very helpful to achieving orgasm.

3) **Eliminate Distractions**--Women frequently find that their minds are cluttered with distractions such as "to do" lists, worries about privacy, too much light in the room, too much noise, pets in the room, etc. Identifying one's distractions and then eliminating them before sex can help a woman to focus on her body and her good feelings so that orgasm is easier to achieve. Distractions of any kind usually sabotage the sexual focus needed for most women to reach orgasm.


4) **Eliminate Anger**--It is hard to make love to a porcupine---and that is how many women feel when they are angry at their partner. Anger distances people. It is necessary for most women to work on eliminating angry and hurt feelings so that they can feel intimately connected with their partner. Most women require connection at the heart before they can truly connect with their genitals.

5) **Get Comfortable with Your Body and Its Imperfections**--Learning to appreciate and accept one's body is key to good sexual responsiveness. Obsessing over body imperfections--how it looks, feels, smells, or tastes, etc., may sabotage sexual response and certainly can interfere with orgasm. Such obsessing interferes with sexual arousal. In other words, the mind gets in the way of the body's response. It is good to remember that most men get more turned on by an interested and interesting partner rather than by a perfect body.

6) **Get Into an Erotic Focus During Sex**--This requires putting the mind in an erotic mode so that the mind can boost physical arousal. This can be done by following in "the mind's eye" what one's partner is doing (to you) physically. It may require imagery of an erotic or romantic scene or fantasy that is a turn on. Perhaps, best of all is being turned on by watching one's partner and/or looking into each other's eyes. But this might not be possible because many women need closed eyes to focus in order to reach orgasm.


7) **Concentrate**--As arousal builds, most women need to concentrate on their pleasurable feelings (especially those in the clitoris and/or vagina), and on their growing excitement. Concentration, which usually excludes verbal responses, is part of the erotic focus necessary for many women to reach orgasm.

8) **Get Out of The "Real Way" Trap**--Many people of both genders mistakenly believe that "the real way" to orgasm is only through vaginal intercourse. Other ways of achieving orgasm, such as by clitoral stimulation (manually or orally), do not count to these people because these orgasms are deemed inferior to a "vaginal orgasms." This false belief (which originated with Sigmund Freud) still causes many modern women to think they are broken, abnormal or inferior because



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they can not orgasm "the real way." **Please remember: The majority of women orgasm most effectively with clitoral stimulation or vaginal stimulation assisted by clitoral stimulation, not by vaginal stimulation alone, and that is okay and fine! Many women will never orgasm just by vaginal stimulation alone. All orgasms are valid no matter how they happen to occur. Trying to orgasm the "real way" can trap people into worrying about sexual performance and can certainly inhibit orgasm.**

**9) Make Time For Play**--People frequently leave lovemaking for very late hours, when bodies just need sleep. If people would "make time for play" (not necessarily foreplay), protect that time and not wait for spontaneous encounters, they would be more assured of good sex. This is especially meaningful for women because it is easier to reach orgasm when feeling energized rather than tired and weary.

#### PHYSICAL HINTS:

**1) Become an Expert On Your Own Body**--Learning about your body and its responses is essential for most women to reach orgasm reliably. The idea is to take control of your body and personally get in touch with your responses, then teach your partner what kind of touch is most pleasurable. Remember, he is not the expert only on his body! You are! Women who haven't learned about their bodies are not able to know what they like sexually. These women are often not orgasmic because they haven't learned what works for them.

**2) Communicate Openly**--Open communication is essential for sexual satisfaction because people are not mind readers. Spoken communication is clearest, but guiding your partner's hand or prearranged cues may work as well. Open communication about sex takes honesty, trust, respect and the ability to take risks.

**3) Be Sure Your Partner is "On the Mark"**-- If your partner is off target when stimulating your body, you won't ever reach orgasm. So, make sure you convey where you need to be touched as well as what you like best.

**4) Exaggerate Sexual Tension**--With physical arousal it is natural for one's muscles to tense up as orgasm approaches. This happens in both sexes, but is more noticeable in women. Exaggerating this muscle tension may help to trigger an orgasm.

**5) Squeeze those Muscles**--Contracting the muscles around the vagina (called PC muscles) helps to bring blood to the genitals and thus builds arousal. These are also the muscles that contract with orgasm. Squeezing the PC muscles (called Kegel Exercises) may help to trigger orgasm and may make orgasm more intense.

**6) Hang Your Head**--Hanging your head over the side of the bed may trigger orgasm. In some women this may heighten arousal and sexual tension. If nothing else, this position will be a distraction from "trying too hard" and hence may lead to orgasm.

**7) Breathe Differently**--Varying breathing patterns may also add to sexual arousal and can trigger orgasm.

**8) Be a Tease**--Teasing yourself or allowing your partner to tease you **by touching your "pleasure spots," then withdrawing the touch over and over again**, is a very effective way to build arousal and heighten orgasm.

**9) Practice Letting Go**--Orgasm rehearsal (in private) is often helpful for women who have trouble relinquishing control. Practicing orgasms, including making noises and "funny" faces, may help to gain comfort and reduce anxiety about having orgasms. This may help in the process of learning to orgasm.

**10) Be superior**--For women who want to "work on" their orgasms with intercourse, **the female superior position (on top) generally works best.** This position allows a woman to take control of intercourse, thus allowing maximum stimulation. In this way, she can control the tempo of intercourse, the depth of penile thrusting (or sliding movements), and the clitoral stimulation. The female superior position is especially good for women who have personal issues that require the need to feel in total control sexually.

**11) Use Toys If You Like**--If you are comfortable with the use of sex toys, vibrators can be a fun way to help "get there" reliably and easily. They take "the work" out of trying to orgasm and can also take pressure off your partner because your pleasure then becomes your own responsibility. Vibrators work best when you hold it on yourself. Vibrators can be used (held on the clitoris) for sexual play or during sexual intercourse to facilitate the path to orgasm.

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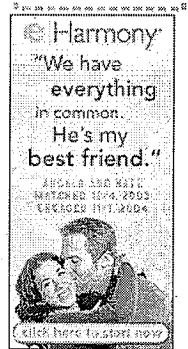
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